



00684.003072

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: S. Hon
SHINJIRO OKADA, ET AL.)
: Group Art Unit: 1772
Appln. No.: 09/656,942)
: Filed: September 7, 2000)
: For: CONDUCTIVE ORGANIC)
COMPOUND DEVICE,)
CONDUCTIVE LIQUID CRYSTAL)
DEVICE, AND ORGANIC)
ELECTROLUMINESCENCE DEVICE) April 2, 2004

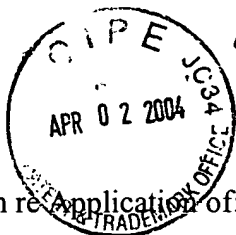
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Introductory Comments

In response to the Official Action mailed January 2, 2004, the Examiner is requested to amend the above-identified application as follows.



1772

In re Application of:

Docket No.: 00684.003072

SHINJIRO OKADA, ET AL.

Application No.: 09/656,942

Examiner: S. Hon

Filed: September 7, 2000

Group Art Unit: 1772

For: CONDUCTIVE ORGANIC COMPOUND DEVICE,
CONDUCTIVE LIQUID CRYSTAL DEVICE,
AND ORGANIC ELECTROLUMINESCENCE
DEVICE

Date: April 2, 2004

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	26	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	5	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,


Attorney for Applicants

Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

MAW\mt